

TEPP Strategic Planning - At the Crossroads

(Journal Entry #3)

“Knowing is not enough; we must apply.
Willing is not enough; we must do.”
- Goethe

It was a mere three months ago, on August 2, 2007, when we first announced that “change is in the air” as the Bureau of Tobacco Education & Prevention embarked on an exciting campaign to engage stakeholders at the local, state, and national levels to create a national model of effective tobacco control. To keep our promise that “no stone goes unturned,” we’ve been busy on many fronts, and are excited by the renewal of hope and energy that is being witnessed across Arizona as three major forces are converging to propel the future of tobacco control in Arizona:

- the input of Arizonans;
- the influence of two new reports from CDC and Institute on Medicine; and
- being selected to host the 2009 National Conference on Tobacco or Health (NCTOH)

Community Input

In addition to reviewing program outcomes and innovations that can be found on the national tobacco landscape, we’ve made a concerted effort to learn from the impressive knowledge and skills that is evident right here in Arizona. To date, we have conducted 35 community forums across a broad range of communities and populations, scheduled 30 focus groups with youth and adult smokers, and have received nearly 100 submittals on our website from Arizonans providing their perspective on the future of tobacco control in Arizona. While all of this information is still being compiled and analyzed, it will soon be made available to our Strategic Planning Work Group, the TRUST, and the growing network of individuals and organizations who now count themselves as part of a statewide tobacco control movement.

And, although it’s too early in our planning process to suggest any specifics of our future course, it is exciting to know that much of what we’ve been hearing about new directions in Arizona is aligned with two major reports that have just been published in October, 2007: *Best Practices for Comprehensive Tobacco Control Programs* (CDC); and *Ending the Tobacco Problem – A Blueprint for the Nation* (Institute of Medicine).

I encourage you to review both reports in their full detail, which can be obtained by clicking on www.cdc.gov/tobacco and www.nap.edu, respectively. For now, it is important to note some major highlights that can guide our planning.

CDC Best Practices

In presenting the newly-released *Best Practices* at the recent NCTOH conference in Minneapolis, Dr. Matt McKenna, Director of the CDC Office on Smoking and Health, reported that they are recommending a shift from individual to community and social practices; stronger integration of interventions with policy, social change, and action-based research; a focus on messaging and using trusted messengers; use of innovative technologies; and evidence-based cessation programs such as quitline services and NRT/pharmaceutical services. Dr. McKenna emphasized that community resources are “the foundation of tobacco control,” with grassroots and community-based involvement serving as a “must” in successful tobacco control.

In addition to recommending levels of state investment, CDC calls for an integrated structure for implementing proven interventions in five major components, all of which must work together in a comprehensive, synergistic manner. Very-briefly stated, the five “best practice” components are as follows:

1. *State and Community Interventions* that work together to support a social norm change model that presumes that durable change occurs through shifts in the social environment at the grassroots levels. Statewide efforts should include facilitating coalition development; establishing a strategic plan for comprehensive tobacco control with appropriate partners at the state and local levels; facilitating public discussion and debate among partners, decision makers, and other stakeholders at the community level; supporting innovative demonstration and research projects; seeking consultation from specific population groups, tribes, and community-based organizations; and ensuring that quitline services are culturally competent and meet the needs of population subgroups.

It is noteworthy that while most of the Institute on Medicine's *Blueprint for the Nation* centered on policy concerns (e.g. taxation, environmental law, controlling retail sales, etc.), particular attention was given to the need for sustaining community coalitions, a shift that is clearly in support of the CDC report, and promotes IOM's position that “enduring reductions in tobacco use can not be achieved simply by expecting past successes to continue.”

2. *Health Communication Interventions* that deliver strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns. In addition to providing sufficient reach, frequency, and duration, effective media and health communications should include

grassroots efforts that reinforce the statewide campaigns, web and other emerging technologies, and promotion of available services, including the state's telephone cessation quitline number.

3. *Cessation Interventions* that include a broad array of population-based measures, with an aim that all patients seen in the health care system are screened for tobacco use, receive brief interventions, and are offered more intensive counseling services and NRT/FDA-approved cessation medications. CDC also emphasizes the use of quitlines as effective, having the potential to reach large numbers of tobacco users, and serving as a resource for busy health care providers, and recommends that quitline services be made available to all tobacco users willing to access the service. CDC also calls for the elimination of cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use.
4. *Surveillance and Evaluation* that regularly monitor tobacco-related attitudes, behaviors, and health outcomes, as well as achievement of overall program goals; assess the implementation and outcomes of programs; increase efficiency and impact over time; and demonstrate accountability. CDC calls for statewide tobacco control programs to develop comprehensive plans with well-defined goals, objectives, and short-term, intermediate, and long-term indicators – all of which require appropriate surveillance and evaluation data systems that must have first priority in the planning process.
5. *Administration and Management* that develops substantial funding and demonstrates an internal capacity for providing strong leadership that engages a broad, sustainable tobacco control network in developing and implementing strategic efforts. This requires adequate, skilled staffing that provides or facilitates program oversight, technical assistance, and training. CDC calls for state programs to increase capacity at the local levels by providing ongoing training and technical assistance, to create an effective communication system across chronic disease programs, local coalitions and partners, and to educate the public and decision makers on the health effects of tobacco and evidence-based program and policy interventions.

The release of the new CDC “Best Practices” report is timely on two fronts: it comes at a time when we are integrating new information from the field into new directions for the future; and, as was dramatically shown at the closing ceremony of the NCTOH 2007 event last week, it calls for tobacco control networks across the nation to begin now in designing more dynamic, community-based programs that can be showcased at NCTOH 2009, which of course will put the national spotlight on Arizona!

NCTOH 2009

It was abundantly clear at the recent NCTOH event in Minneapolis that the national tobacco control community has high expectations for June, 2009, when Phoenix will host up to 5,000 healthcare professionals and advocates. With the alignment of this major event, the newly-released reports from CDC and IOM, and our community-based strategic planning, Arizona is clearly positioning itself to once again take a national leadership role. We are already planning initial meetings with NCTOH planners and are setting our sights on an unprecedented level of excellence for conference attendees, and most importantly for the hundreds of thousands of Arizonans who suffer needlessly from the effects of tobacco use. There is excitement in the air, and we will create a healthier future for all Arizonans.....but alas, we all have a lot of hard work ahead of us.

Next Steps

In the immediate future, the Strategic Planning Work Group will convene later this month to digest the mass of information that has been brought forth from the community forums, national reports, and our collective experience, both past and present, of the ups-and-downs of the tobacco control in Arizona. As promised, the process will remain transparent, and the commitment to face-to-face information and dialogue shall continue. In early 2008 we will return to every corner of the state to present new directions and gather further comment from stakeholders.

So please stay tuned as the next chapter unfolds, and know that your questions and comments are welcomed at either 602-364-0824 or www.betobaccofree.org.

Best regards,

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